

MEMBERSHIP CANCELLATION

Member # _____

Fitness Center (please circle): Ronald Reagan / Potomac Yard

(Last Name)

(First Name)

(MI)

Work E-mail: _____ Work Phone: _____

CANCELLATION AGREEMENT

I _____ (please print name clearly) would like to (circle one) [Cancel
Membership or Postpone Membership] as of (date) _____ due to the following
reason (please check one):

- ☐ Retirement from agency
- ☐ Reassignment to another location
- ☐ Extended leave from agency
- ☐ Resignation from agency
- ☐ Injury or extended illness
- ☐ Other (Please explain): _____

EPA MEMBERS ONLY: I understand that by submitting this cancellation request it is only canceling my fitness center membership access and I must stop the payment allotment myself by accessing the employee express web-page: <https://www.employeeexpress.gov/DefaultLogin.aspx> _____ [Applicants 'Initials']. I further understand that if I do not cancel the allotment myself and funds continue to be deducted I am not entitled to a refund _____ [Applicants Initials].

QUESTIONS

Any questions or concerns regarding your membership cancellation should be directed to the Fitness Center site Wellness/Fitness Coordinator, Catherine Lynch, via phone 202-565-1930 or by email:

Catherine.Lynch@foh.hhs.gov

Applicants Signature

Date

Staff Initials

Date Received